

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:32

DOCUMENT # 707083 (2)
1. Corporation Name
JACKSONVILLE SHELL CLUB, INC.

Principal Place of Business Mailing Address
1801 BARRS ST., SUITE 705 JACKSONVILLE FL 32204
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1964 3a. Date of Last Report 01/20/1994
4. FEI Number 59-1785008 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LEE, HARRY G
SUITE 705, 1801 BARRS ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LYERLY, BILL
STREET ADDRESS	6541 SOLANDRA DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DV
NAME	WOODRUFF, CRYSTAL
STREET ADDRESS	2810 STATE RD, A1A, APT #803
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DT
NAME	WOODRUFF, MELVIN
STREET ADDRESS	4206 SEABREEZE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	HUNTER, BETTY
STREET ADDRESS	8382 DAVID DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV THIGPEN, SELMA
2.3 STREET ADDRESS	3869 CONCORD ST.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT FRANK, William M.
3.3 STREET ADDRESS	1865 DEBUTANTE DR.
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William M. Frank 23 JANUARY, 1995 (904) 724-5326
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR DATE
William M. FRANK